

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38
Primary Registration District No. 3037 REGISTRAR'S No. 20045221 FILE NUMBER 0045221

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VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>MARCELINE</u>		c. CITY OR TOWN <u>Bosworth MO</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>ST FRANCIS HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>Bosworth MO</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM B BRUMMITT</u>		4. DATE OF DEATH Month Day Year <u>Nov 12 1964</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-13-1906</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	
11. BIRTHPLACE (City and state or country) <u>TRIPLETT MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>JAMES BRUMMITT</u>		13b. MOTHER'S MAIDEN NAME <u>DESSA MCKINNEY</u>	
14. NAME OF HUSBAND OR WIFE <u>ELSIE BRUMMITT</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT <u>MRS. ELSIE BRUMMITT Bosworth MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Melanoma carcinoma</u> DUE TO (b) <u>---</u> DUE TO (c) <u>---</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Small Bowel Obst. - Gastroenterostomy</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>---</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>---</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		20f. CITY, TOWN, OR LOCATION <u>---</u>	
20g. COUNTY <u>---</u>		20h. STATE <u>---</u>	
21. I attended the deceased from <u>1963</u> to <u>11-12-64</u> and last saw her/him alive on <u>11-12-64</u> Death occurred at <u>8:15 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John W. Watson</u>		22b. ADDRESS <u>Marion, Mo</u>	
22c. DATE SIGNED <u>11-14-64</u>		23. NAME OF CEMETERY OR CREMATORY <u>WARTON</u>	
23a. BURLIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov 14-1964</u>	23d. LOCATION (City, town, or county) (State) <u>4 M.S.E. BOSWORTH MO</u>	
24. FUNERAL DIRECTOR <u>Leiford Edmunds</u>		25. DATE RECD. BY LOCAL REG. <u>11-14-64</u>	
26. REGISTRAR'S SIGNATURE <u>Dennis Watson</u>		27. (Licensed Embalmer's Statement on Reverse Side)	

USE BLACK INK

OR

TYPEWRITER RIBBON

100-100

NOV 20 1964

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Bonworth M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.